

REMARKS

Claims presented for prosecution are claims 1-15. Applicant has amended claims 1, 7 and 14. Claims 1-15 have been rejected over cited prior art. In view of Applicant's amendments and remarks below, Applicant respectfully submits that claims 1-15 are now in condition for allowance. Accordingly, Applicant respectfully requests that the present Response be considered and entered, the rejections to the claims be withdrawn, and that the case now be passed to issue.

Drawings:

Applicant proposes to add the legend "PRIOR ART" to Figures 1-3. Applicant has submitted marked drawings for the Examiner's review. Applicant will submit formal drawings upon notice of allowance.

In the claims:

Applicant has amended claims 1, 7 and 14 to clarify the administrative data gathered and the neutral evaluation data. The amendments also clarify that neutral evaluation data is created by tracking administrative data. Support for the amendments can be found at page 22 lines 30-35 and pages 23-31 of the application. No new matter has been added. Amendments are for clarification purposes only.

35 U.S.C. §103:

The Examiner has rejected claims 1-5 and 8-15 as being unpatentable over Spurgeon (U.S. Pat. No. 5,890,129) in view of Cullen et al (U.S. Pat. No. 6,272,528). The Examiner further states that claims 6 and 7 appear to be a compilation of the features of claim 1 with claims 1-5 and 8-15 and are therefore rejected for the same reasons given for claims 1-5 and 8-15, in combination.

According to §2143 of the MPEP, to establish a prima facie case of obviousness, three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art to combine the reference teachings. Second, there must be a

reasonable expectation of success. Finally, the prior art reference must teach or suggest all the claim limitations.

Spurgeon discloses an information-exchange system for controlling the exchange of business and clinical information between an insurer and multiple health care providers. The system includes an information-exchange computer that is connected over a local area network to an insurer computer using a proprietary database and over the Internet to health-care provider computers using open database-compliant databases. The information-exchange computer receives subscriber insurance data from the insurer computer database, translates the insurance data into an exchange database, and pushes the subscriber insurance data out over the Internet to the computer operated by the health-care provider assigned to each subscriber. The information-exchange system stores the data in the provider database. The information-exchange system also provides for the preparation, submission, processing, and payment of claims over the local area network and with push technology over the Internet. In addition, prior authorization requests may be initiated in the provider computers and exchanged over the information-exchange system for review by the insurer computer. Processed reviews are transmitted back to the provider computer and to a specialist computer, if required, using push technology over the Internet.

Cullen discloses a computer for the delivery of financial services, such as banking, general insurance, life assurance, pensions and investments, loans and mortgages, and financial planning and advisory services. The system comprises a number of user computers connected to a plurality of server computers by way of a network, such as the Internet. The system creates at least one mobile agent which obtains details of a user's requirements, obtains financial information from the server computers on behalf of the user in the light of the user's requirements, and then transports itself to the user's computer to deliver the financial information to the user.

Spurgeon and Cullen, however, do not teach or suggest all of the limitations of claims 1-5 and 8-15. As such, the Examiner has not established a prima facie case of obviousness as discussed in detail below.

With regard to amended claim 1, Spurgeon does not teach or suggest creating neutral evaluation data by tracking administrative data transferred between medical service provider system and practice management agent systems. As specified in amended claim 1, the Applicant's invention tracks administrative data which includes billing data, reimbursement, credentialing, pre-authorization and collection data. From this data the system creates neutral evaluation data including price, features, turnaround time, ancillary services, guarantees, and customer service. Spurgeon simply does not perform these functions. The tracking of data occurs, in part, while practice management agent systems and physician practice groups use the system to exchange formatted administrative data information. Spurgeon discloses a system for exchanging health care insurance information. *See* Spurgeon col. 3, lines 1-17. The system translates, reformats, transmits and receives information between an insurer and a health services provider. *See id* col. 4, lines 30-42. Again, there is no creation of neutral evaluation data by tracking administrative data. Applicant requests that the Examiner address the absence of this limitation in the cited references.

Similarly, Spurgeon does not teach or suggest providing neutral evaluation data to a medical services provider. Just as Spurgeon does not teach or suggest the creation of neutral evaluation data, it does not teach or suggest providing content neutral evaluation data. Spurgeon is completely unrelated to facilitating an objective selection of a practice management agent by a medical services provider.

Moreover, Applicant believes that Cullen does not teach or suggest the above mentioned limitations of amended claim 1. Applicant believes that Cullen is from non-analogous art and is not combinable with Spurgeon. Financial services are quite different from the Applicant's physician practice management services. According to the MPEP § 2141.01, a reference is from analogous art if one would turn to the reference when faced with the problem they are attempting to solve. Here, the Applicant was trying to create a system and method that facilitates a truly objective selection of a practice management agent by a medical services provider. The Applicant would not have looked to the teachings of Cullen, as the reference does not track administrative data to create neutral evaluation data. In Cullen, the user does not select the "mobile agent". Moreover, the mobile agent obtains information from the various server

computers of financial services companies. See Cullen, col. 1, line 48 to col. 2 line 30. In other words, Cullen does not provide a truly *objective* measure of the benefits of selecting an agent as the agents are simply conduits for information provided by the insurance or financial services company. Accordingly, the Applicant believes Cullen to be from a non-analogous art.

Even if combinable, however, Cullen does not teach or suggest tracking administrative data to create neutral evaluation data. As mentioned above, Cullen does not track administrative data to create neutral evaluation data. Cullen does not provide an objective means of evaluating agents. Again, the Applicant requests that the Examiner address the absence of this limitation in the cited references.

Additionally, Spurgeon does not teach or suggest defining standard administrative data formats for use in plurality of *practice management agent systems* for use in creating and processing administrative data. The Examiner states that the "insurance computers" and "third-party computers" of Spurgeon read on "practice management agent systems." The Applicant respectfully disagrees. Spurgeon discloses a system for exchanging insurance information between an insurance company and multiple health care provider groups. See Spurgeon col. 1, lines 5-13. The third-party that Spurgeon refers to is a third-party review agency. See *id* col. 4, lines 19-29. The third-party review agency of Spurgeon determines subscriber eligibility and the medical appropriateness of a prior authorization request from a primary care provider for treatment by a specialist. See *id* col. 3, line 66 through col. 4, line 18.

In contrast, the practice management agent systems of the present application do not determine the appropriateness of a prior authorization request from a primary care provider for treatment by a specialist. The practice management agent systems, as their name suggests, manage physician practices. The application clearly states the function of the agent systems is to provide administrative services to a medical service provider. See page 1, lines 5-10, pages 2-4. The practice management agent systems perform services for the physician practice groups not for the insurance companies. The present invention assists physician practice groups select from multiple practice management systems. Spurgeon facilitates the exchange of information between providers and

insurance companies. This is a critical and significant difference. As such, the insurance computers and third party computers of Spurgeon cannot and do not read on the "practice management agent systems" of the present application.

Moreover, Spurgeon does not teach or suggest the processing of administrative data including billing, reimbursement, credentialing, preauthorization and collection data as claimed in amended claim 1.

Claims 2-5 depend on claim 1 and contain all of its limitations. For the reasons discussed claims 2-5 are not obvious in light of Spurgeon and Cullen as the references do not teach or suggest multiple limitations of the claims.

With regard to claim 6, neither Spurgeon nor Cullen teach or suggest a means for creating agent-neutral evaluation data by tracking administrative data transactions transferred between a medical service provider and a practice management agent system. As discussed above, neither reference contains this limitation or addresses the problem of providing a truly objective measure of an agent's performance.

With regard to claim 7, Applicant has amended the claim to clarify that the system provides content neutral evaluation data created from said administrative data. As discussed in detail above, neither reference includes this limitation.

Claims 8-11 are dependent on claim 7 and for the reasons discussed above are not obvious in light of Spurgeon and Cullen and are allowable.

Independent claim 12 includes the limitation of generating an analysis of said practice management agent's effectiveness from coordinator system administrative data to aid said medical provider in evaluating and selecting said practice management agent system. Again, none of the references teach or disclose this limitation. Accordingly, independent claim 12 is allowable.

Claim 13 depends on claim 12 and is therefore allowable as well.


With regard to independent claim 14, Applicant has amended the claim to specify that the neutral evaluation data are created by tracking administrative data transferred between medical service provider systems and said practice management agent systems. None of the references teach or suggest this limitation.

Finally, Independent claim 15 is allowable as well. Claim 15 includes the limitation of creating neutral evaluation data by tracking administrative data. None of the references teach or suggest this limitation.

Applicant also believes that the cited references are not combinable as there is no suggestion or motivation in Spurgeon or Cullen to combine their teachings. According to the MPEP, to properly base a 103(a) rejection there must be some suggestion or motivation in the references cited to combine the reference teachings. See MPEP 706.02(j). Spurgeon does not suggest providing physician practice groups with objective neutral data on a practice management agent by obtained by tracking administrative data exchanged between other practice groups and agents. Spurgeon does not mention that there would be a need for such a system. Similarly, Cullen does not mention that there is a problem that having objective, neutral information on practice management agents would solve. Again, Applicant believes that the combination of references is improper.

It is believed that no additional fees or deficiencies in fees are owed beyond the enclosed fee for the One-Month Extension of Time attached hereto. However, if it is determined that payment of a fee is required, please charge our Deposit Account No. 13-0235.

Respectfully submitted,

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Version with Markings to Show Changes Made

A marked-up version of the amendments are shown below showing additions with underlining and deletions between brackets.

In the Claims:

The replacement Claim 1 is as follows:

1. (amended) A computerized method for processing administrative data of a medical service provider including billing, reimbursement, credentialing, pre-authorization and collection data, comprising the steps of:

defining standard administrative data formats for use by a medical service provider system, a coordinator system, and practice management agent systems, in creating and processing administrative data;

creating neutral evaluation data for said coordinator system by tracking administrative data transferred between said medical service provider system and said practice management agent systems, wherein said administrative data is in said standard administrative data formats, said neutral evaluation data including price, features, turnaround time, ancillary services, guarantees, and customer service information; and

providing said neutral evaluation data to said medical service provider system for selection of a practice management agent system from said practice management agent systems.

The replacement Claim 7 is as follows:

7. (amended) A system for providing administrative services for a medical service provider, comprising:

a coordinator system for standardizing administrative data formats for processing administrative data of a medical service provider system by a first practice management agent system, said coordinator system providing data access authorization and security for said administrative data of said medical service provider system to said

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first practice management agent system, and for providing evaluation data from said first practice management agent system for evaluation by said medical service provider system; and

wherein said standardized said administrative data format substantially eliminates costs incurred by said medical service provider system for switching from said first practice management agent system to a second practice management agent system.

The replacement Claim 14 is as follows:

14. (amended) An Internet-based system for selecting a practice management agent system for providing administrative services to a medical service provider system, comprising:

a server computer hosting a practice management agent selection service accessible via client computers to a medical service provider;

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wherein the server computer provides a user interface comprising input controls whereby said medical service provider system selects criteria and a display whereby results are displayed, the input controls including a set of menu items including entering practice management search criteria, submitting search criteria to a coordinator system, analyze and display neutral evaluation data, and select practice management agent system, said neutral evaluation data created through the tracking of administrative data transferred between medical service providers and said practice management agent system; and

whereby said selection service is available via the Internet to assist a medical service provider system in selecting a practice management agent system.